



IFW

In re Application of:

Docket No. 03500.014457.1

HIROYUKI SHINBATA

Appln. No.: 10/649,631

Examiner: S. Azarian

Filed: August 28, 2003

Art Unit: 2625

For: IMAGE PROCESSING APPARATUS, METHOD,
AND MEMORY MEDIUM

Date: May 11, 2005

Mail Stop Amendment
The Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

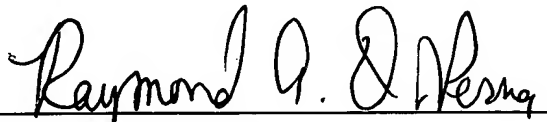
☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 31 | MINUS | ** 41 | = 0 | x \$25 \$50 | \$0.00 |
| INDEP. CLAIMS | * 26 | MINUS | *** 32 | = 0 | x \$100 \$200 | \$0.00 |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0.00 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the Extension fee for response with a ____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.


Raymond A. DiPerna
Attorney for Applicant
Reg. No.: 44,063

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New York, New York 10132-3801
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03500.014457.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|------------------------|---|----------------------|
| In re Application of: |) | |
| | : | Examiner: S. Azarian |
| HIROYUKI SHINBATA |) | |
| | : | Art Unit: 2625 |
| Appln. No.: 10/649,631 |) | |
| | : | |
| Filed: August 28, 2003 |) | |
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| For: IMAGE PROCESSING |) | |
| APPARATUS, METHOD, AND | : | |
| MEMORY MEDIUM |) | May 11, 2005 |

Mail Stop Amendment
The Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated March 22, 2005, please amend the above-identified application as follows. The claims changes are reflected in the listing that begins at page 2, and the Remarks begin at page 21.